

Enhancing Community HealthcareWorkforce Capacity

Kentucky Medicaid Managed Care Forums – Day 2
August & September 2014





kyhealthnow

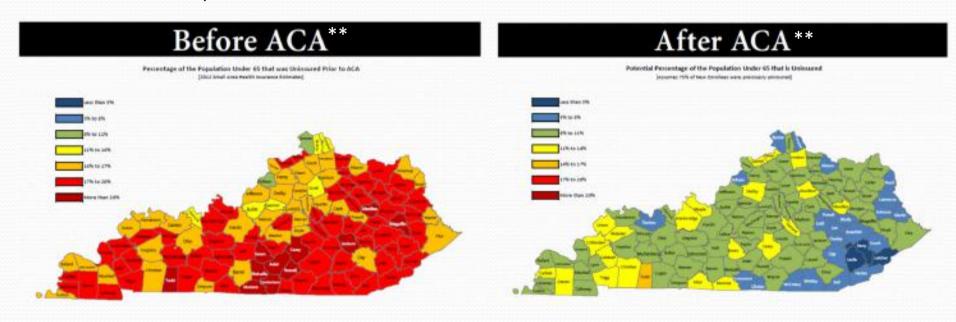
- Reduce Kentucky's rate of <u>uninsured individuals</u> to less than 5%.
- Reduce Kentucky's **smoking** rate by 10%.
- Reduce the rate of <u>obesity</u> among Kentuckians by 10%.
- Reduce Kentucky <u>cancer</u> deaths by 10%.
- Reduce <u>cardiovascular</u> deaths by 10%.
- Reduce the percentage of children with untreated <u>dental</u> decay by 25% and increase adult dental visits by 10%.
- Reduce deaths from <u>drug overdose</u> by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.

Goal: Reduce KY's rate of uninsured individuals to less than 5%.



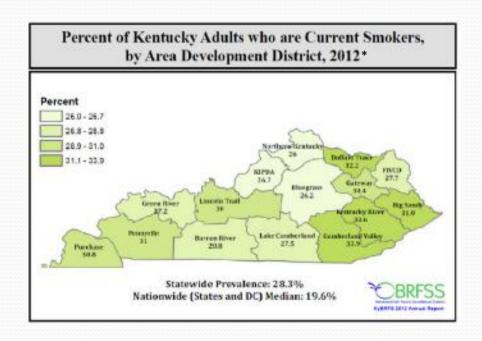


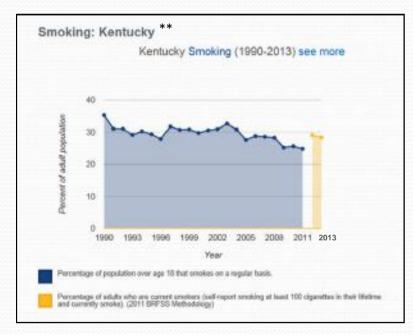
 As of April 2014, approximately 413,000 individuals enrolled in kynect, 52% of whom were under age 35. Approximately 80% Medicaid, 20% Qualified Health Plans.*



Goal: Reduce Kentucky's smoking rate by 10%.

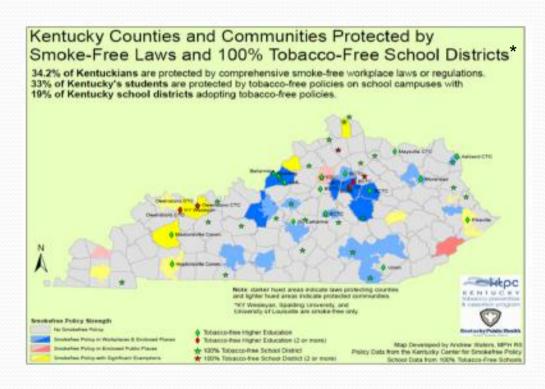
 Tobacco use is the single biggest factor negatively impacting the overall health of Kentuckians. In study after study, Kentucky ranks at or near the bottom on tobacco use (28.3% of adults and 17.9% of youth).*





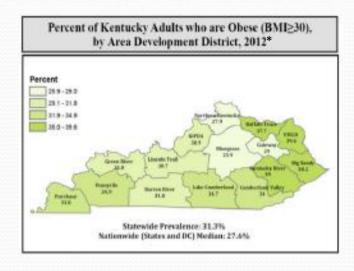
Goal: Reduce Kentucky's smoking rate by 10%.

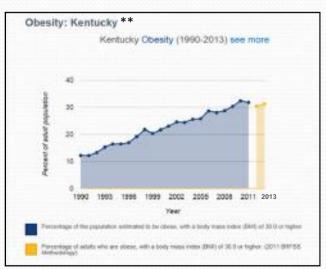
 Specific strategies under this goal include encouraging cities and counties to continue to implement smoke-free policies and partnering with school districts and universities to implement tobacco free campuses.



 These policies along with other initiatives can help explain our recent decrease in youth smoking from 24.1% in 2011 to the current rate of 17.9%. ±

Goal: Reduce the obesity rate among Kentuckians by 10%.

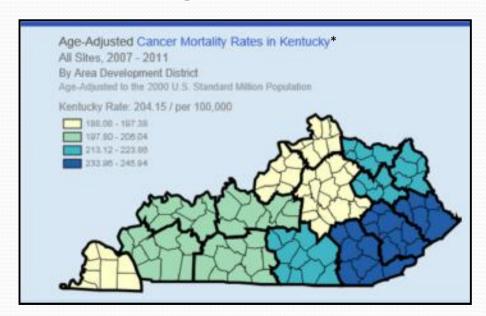


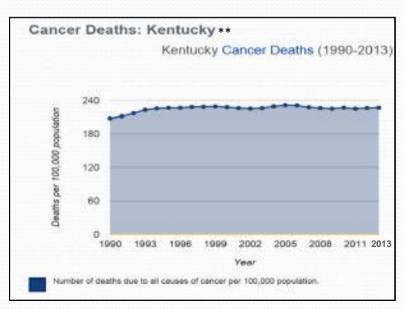


- Kentucky's obesity problem has far-reaching health implications and is associated with many chronic health conditions. An estimated 1 in 3 Kentucky adults are obese.*
- Strategies to reduce obesity include:
 - Diabetes Prevention Program
 - Public / private partnerships to adopt healthy concessions and vending policies.
 - Dawkins Rail Line Trail
 - 36-mile stretch that will run through Johnson,
 Magoffin and Breathitt counties managed by
 Parks. Currently 18 miles completed.

Goal: Reduce Kentucky cancer deaths by 10%.

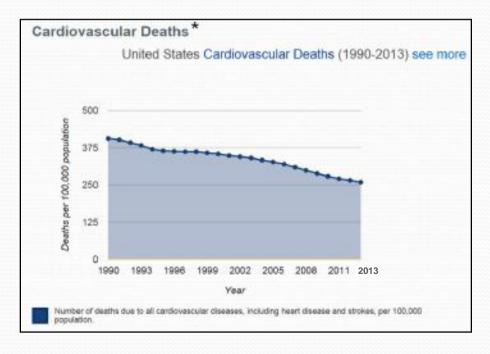
- Kentucky has one of the highest cancer mortality rates nationally.
- In addition to the those identified under Tobacco Use and Obesity, kyhealthnow has strategies specifically targeted to reduce cancer deaths such as:
 - Expanding Colon Cancer Screenings
 - Increasing Breast & Cervical Cancer Screenings
 - Increasing HPV Vaccinations

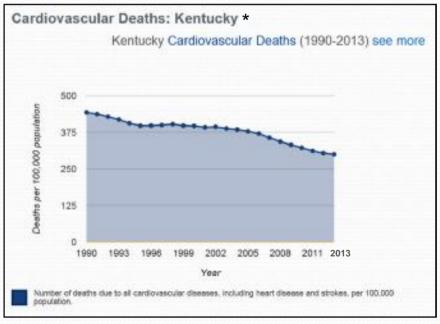




Goal: Reduce cardiovascular deaths by 10%.

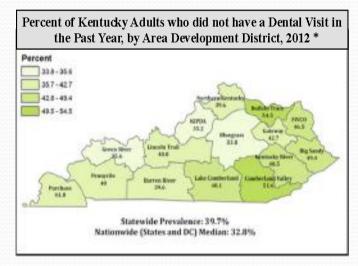
 Kentucky has high rates of cardiovascular deaths compared to other states. In addition to supporting those strategies under Tobacco Use and Obesity, kyhealthnow also has specific strategies to reduce cardiovascular disease.

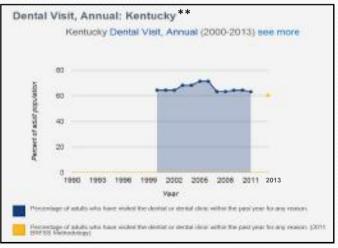




Source: * Americas Health Rankings 1990-2013

Goal: Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.



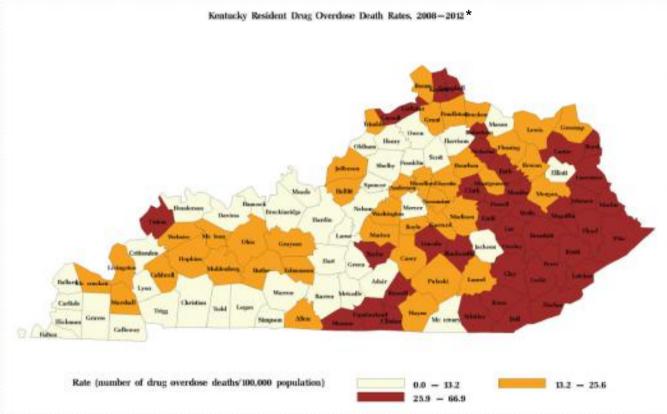


- Kentucky ranks 41st in annual dental visits* and 45th in the percentage of children with untreated dental decay. [±]
- Strategies to impact this goal include:
 - Partnering with stakeholders to increase dental providers
 - Increasing dental varnish efforts
 - Smiling Schools Project which provided about 14,000 children with dental varnish in many Southeastern Kentucky Counties.
 - Showed a 20% reduction in untreated decay. ¥

Source: *2012 Kentucky Behavioral Risk Factor Surveillance System (BRFSS) Annual Report

** America's Health Rankings 1990-2013

Goal: Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.



• With the third-highest drug overdose ranking in the nation per capita, kyhealthnow has established strategies to reduce Kentuckians' illegal use of prescription drugs. Kentucky also ranks high in regards to "poor mental health days," which means days when people report limiting normal activity due to mental health difficulties.

kyhealthnow Status Update:

- Where are we now?
 - Initial Quarterly Oversight Meeting (March 30, 2014)
 - Internal Cabinet & Agency Meetings (May-June 2014)
 - Partner Advocate Forum (June 19, 2014)
 - Quarterly Oversight Meeting (August 7, 2014)
 - Next Oversight Meeting (November 2014)
- How does kyhealthnow relate to Enhancing Community Healthcare Workforce Capacity?



ED Super-Utilization Project Background:

Emergency Department (ED) Initiative:

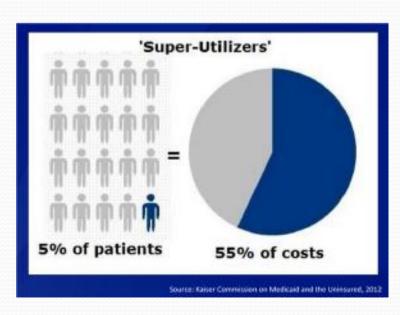
 Initiative outlined by Governor Beshear with his veto of House Bill 5 of the 2013 Regular Session of the General Assembly .

Directive Focus :

 "Efficient and effective emergency room management that meets community needs without an ER operating as a de-facto primary care office."

Collaborative Effort

 The UofL Hospital, UK HealthCare, and Pikeville Medical Center faculty & staff were asked to work with other providers to develop a system for emergency care to represent best practices from around the country.



ED Quality Care Workgroup:

- An initial phase I workgroup was formed, including 16 hospitals & local health department sites based upon geographic location, connectively with KY Health Information Exchange (KHIE), and willingness to actively collaborate with all identified stakeholders.
- Currently expanding efforts to include others!



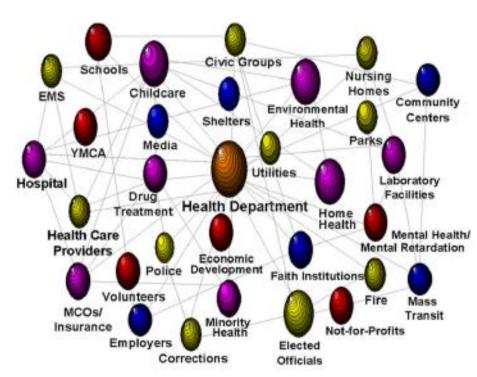




Kentucky ER SMART: Model Design

• The <u>Kentucky ER SMART</u> (Supportive, Multidisciplinary, Alternatives and Responsible Treatment) model was created to keep patients out of the ED for non-emergency care and reduce ED driven hospital admissions. It's goal is to offer care in a more timely, integrated and effective way to focus on healthcare instead of 'sick care'.





CMS Reimbursement for CHW:

• The Centers for Medicare and Medicaid Services (CMS) created a new rule effective January 2014 which allows state Medicaid agencies to reimburse for preventive services provided by professionals that may fall outside of a state's clinical licensure system, as long as the services have been initially recommended by a physician or other licensed practitioner. The new rule for the first time offers state Medicaid agencies the option to reimburse for more community-based preventive services, including those of community health workers (CHWs).

http://www.gpo.gov/fdsys/pkg/FR-2013-07-15/pdf/2013-16271.pdf

KENTUCKY Cabinet for Health and Family Services

Kentucky ER *SMART* "Super-Utilizers"

Stephanie Mayfield, MD

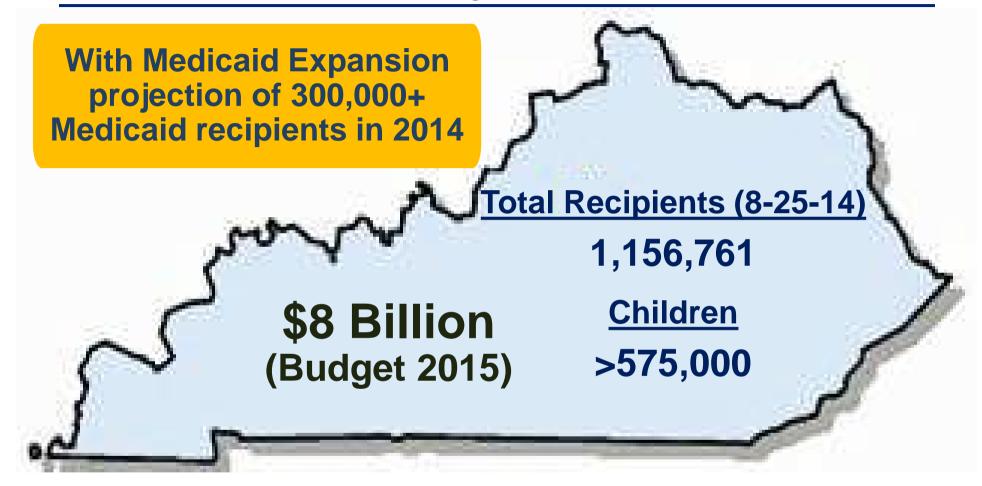
Commissioner, Department for Public Health

John R. Langefeld, MD

Chief Medical Officer
DEPARTMENT FOR MEDICAID SERVICES

Kentucky Medicaid



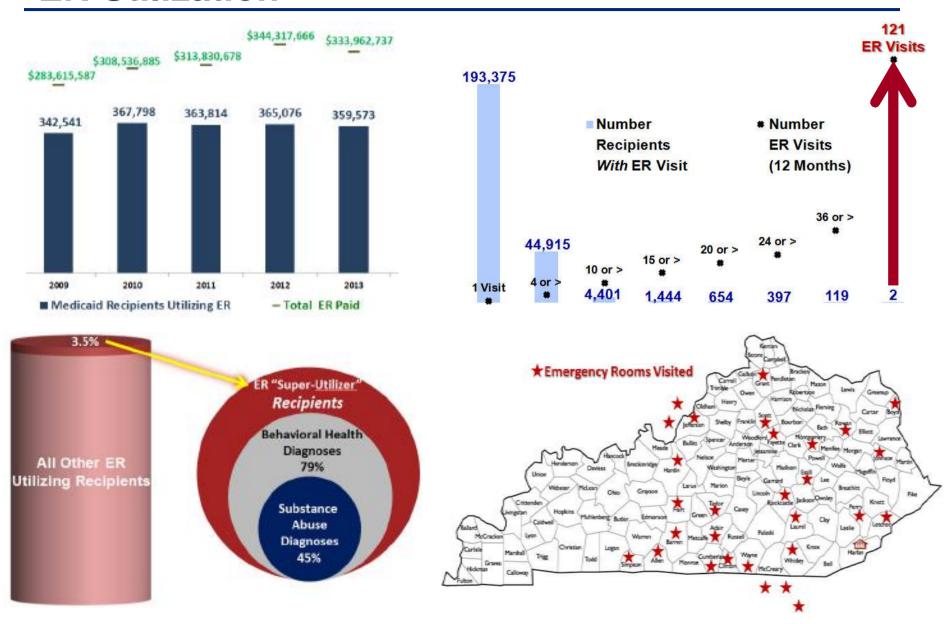


What it means:

One out of every 4 people Medicaid eligible



ER Utilization



Governor's Directive





ER Initiative

 Initiative outlined by Governor Steve Beshear



Directive Focus

 "Efficient and effective emergency room management that meets community needs without an ER operating as a de-facto primary care office"



Collaborative Effort

 Governor tasked University Medical Centers to work with CHFS & providers to develop a system for emergency care representing best practices in the country





Response to Governor's Directive

ER SMART

Supportive

Multidisciplinary

Alternatives &

Responsible

Treatment



"SUPER-UTILIZERS"

Participating Organizations



Hospital Name Baptist Health Madisonville (Trover) Harrison Memorial Hospital Hazard ARH Regional Medical Center Phase I Participating Facilities Highlands Regional Medical Center Jennie Stuart Medical Center King's Daughters Medical Center Lourdes Hospital Our Lady of Bellefonte Hospital Owensboro Medical Health System Hospital St. Claire Regional Medical Center St. Elizabeth Healthcare Bracken Gallatin Pendleton Carroll The Medical Center at Bowling Green Grant Mason Lewis Three Rivers Medical Center Robertson Greenup Owen Harrison Henry University of Kentucky Oldham Nicholas Fleming Carter Scott University of Louisville Franklin Shelby Bourbon efferson Rowan Bath University of Pikeville Elliott Woodford Fayette Clark Mantgomery Lawrence Spencer Bullitt Anderson Meade Menifee Morgan Jessamine Hancock Nelson Powell Johnson Mercer Martin Henderson Breckinridge Wolfe Washington **Daviess** Madison Hardin Magoffin Estill Union Boyle Floyd Garrard Larue Marion Webster Breathitt McLean Grayson Ohio Lincoln Pike Rockcastle Jackson Owsley Crittenden Knott Taylor Perry Hart Casey Hopkins vingston Muhlenberg Butler Green Edmonson Clay Caldwell Letcher Laurel Adair Leslie Pulaski Lyon McCracken Warren Russell Metcalfe Barren Christian Knox Logan Carlisle Harlan Marshall Wayne Trigg Cumberland Todd Allen Whitley Monroe Graves Bell Simpson Clinton McCreary Hickman Calloway

ER "Super-Utilizer" Workgroup



- Reduce Inappropriate ER Use
- Development of Continuous and Impactful Messaging
- Improve Patient Health
- Improve Health Care Systems
- Ensure Effective Flow and Availability of Data and Information
- Develop a Functional and Sustainable Model for the Future

Definition



Super-Utilizer Criteria:

√ 10 visits to the emergency department in 12 months

AND

✓ A segmentation typology methodology that utilized a combination of ER visits with 3 or more in-patient admission 12 months.

Utilization Typology



Kentucky Medicaid – All Facilities: Typology of Inpatient Admissions to Emergency Room Visits

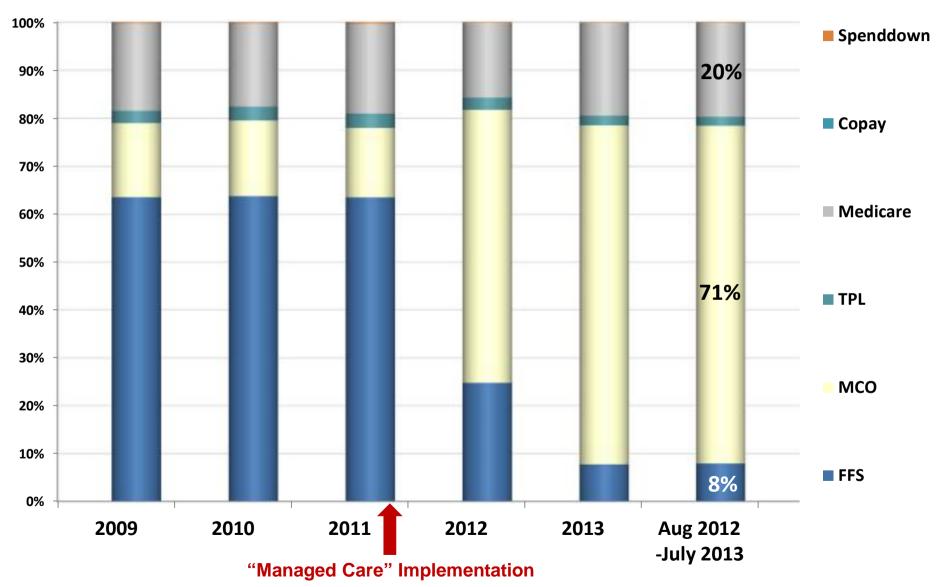
Dates of Service: August 2012-July 2013

	Inpatient Admissions				
ER Visits	0	1	2	3-4	5+
1	159,668	18,987	3,111	1,236	350
2-3	99,980	15,746	3,467	1,668	524
4-5	24,218	5,304	1,473	835	373
6-7	7,546	1,996	663	439	216
8-9	2,834	927	314	240	144
10+	2,674	1,137	546	503	358

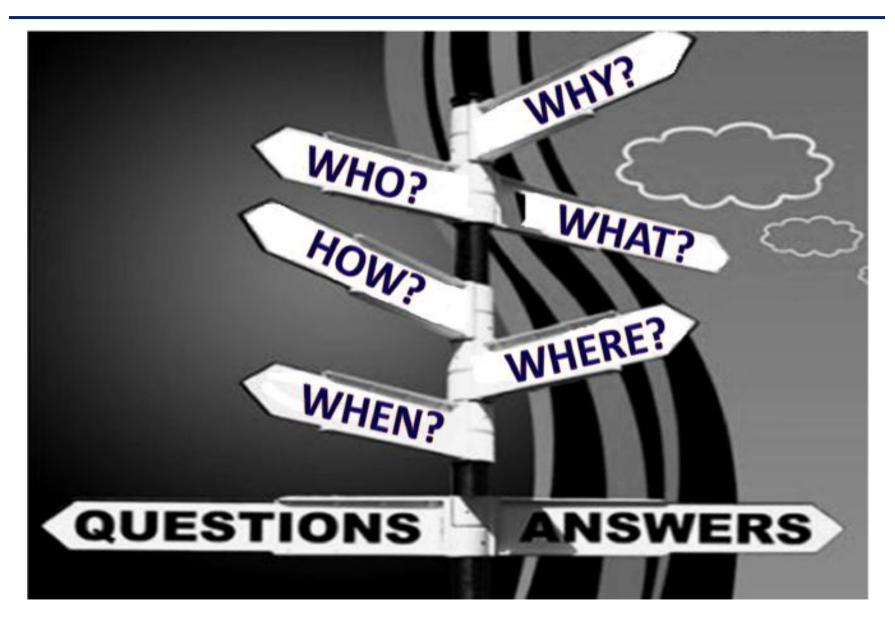
11,243 Total "Super-Utilizers"



ER Expenditure Distribution Trend

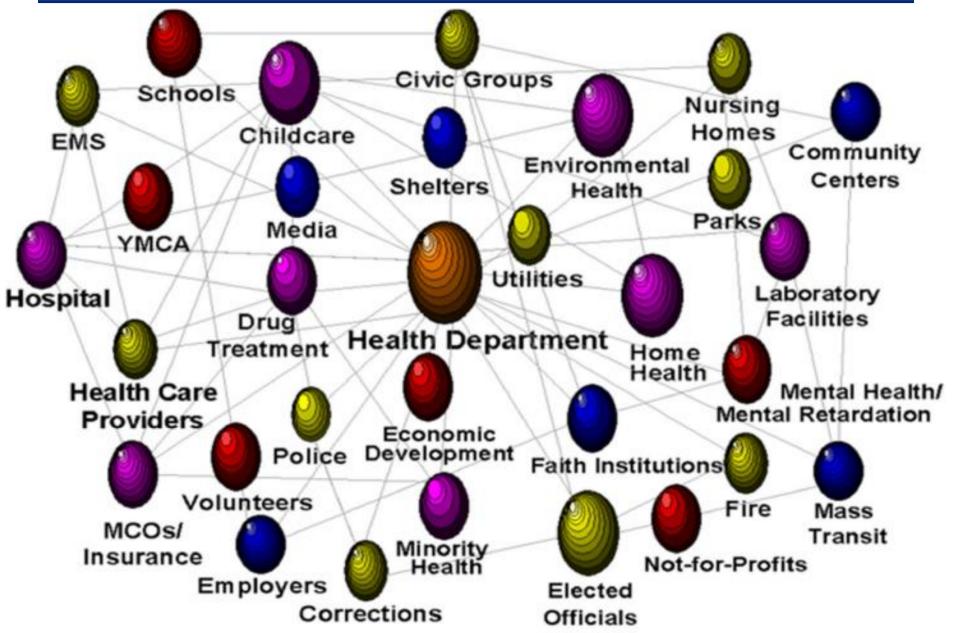






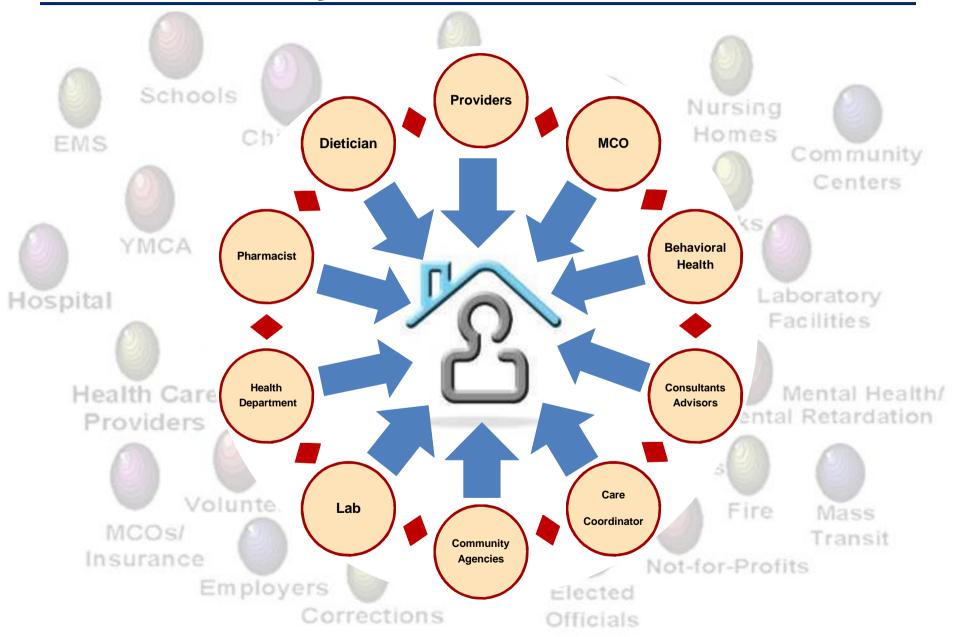


Health "Ecosystem"



Health "Ecosystem"









Administrative Data Sets

- -Medical Claims
- -Prescription Pharmacy Claims
- -Behavioral Health Claims
- -Vision/Dental Claims
- -Eligibility Data
- -Provider Data

Other Clinically-Oriented Data Sets

- -Electronic Medical Record (EMR)
- -ADT, CCD, Pathology, Other Laboratory, etc.
- -Registry; Chronic Disease, Immunizations, etc.
- -Self-report Data (HRA, PHQ-9, SF-8, etc.)
- -Information/Data Collected with:

Case Management, Disease Management,
Medication Therapy Management, EAP, etc.

Data Flow and Connectivity

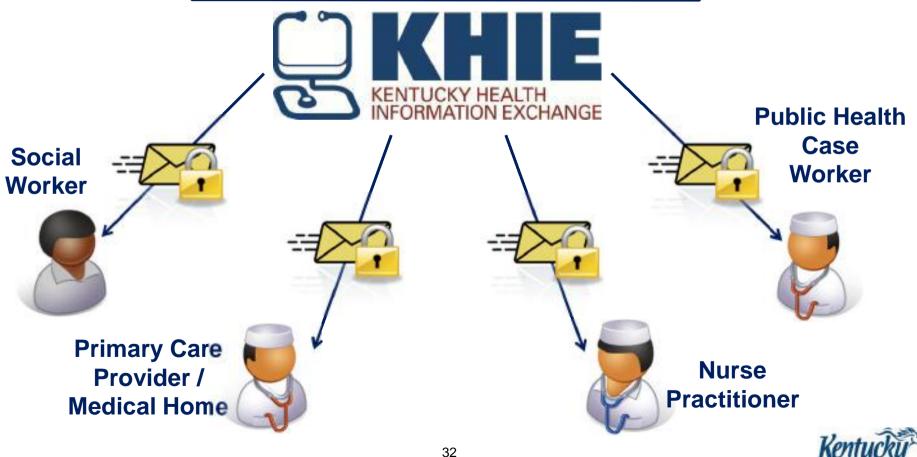






Care Coordination Team Communications

A team of care providers can receive secure alerts & messaging via KHIE regarding "super utilizer" activity

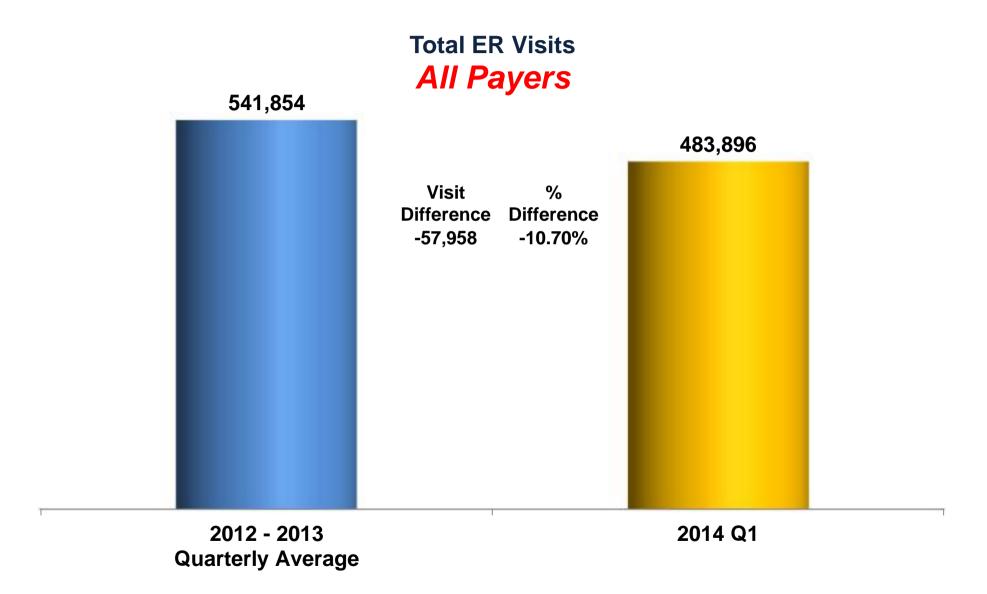


Ky. MEDICAID

ER Utilization Pre & Post ACA Implementation

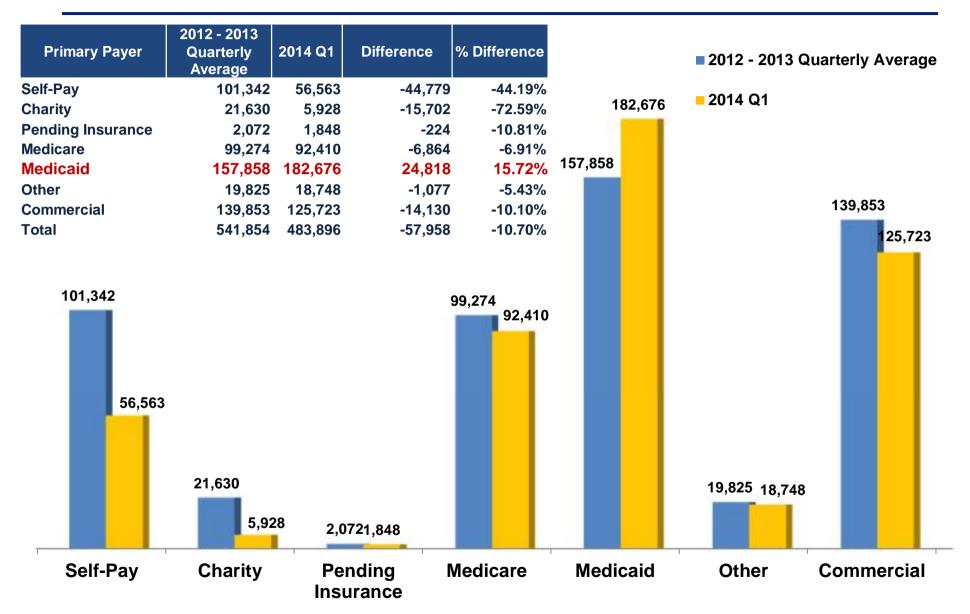
OHP Data





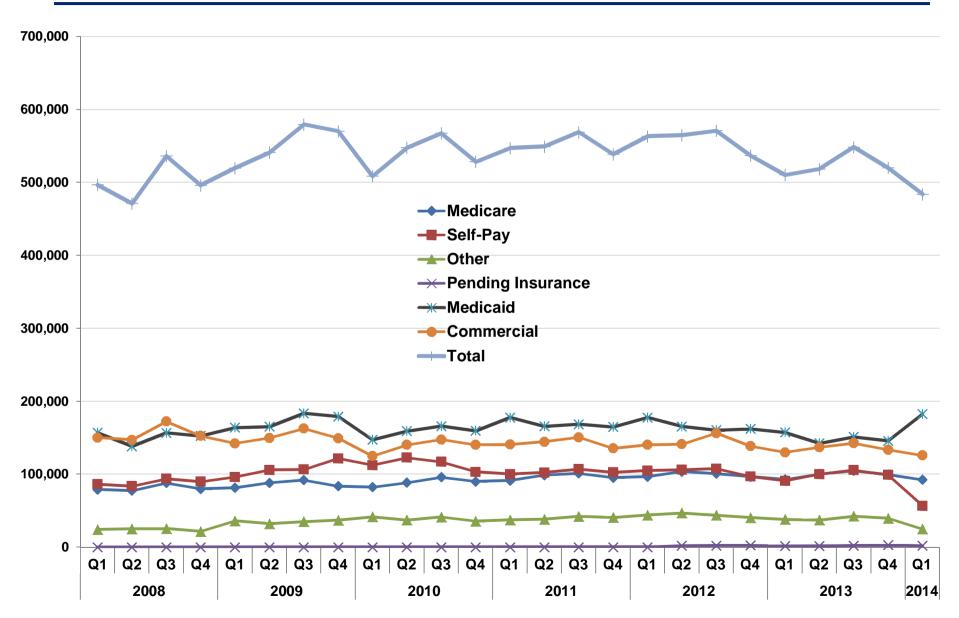


OHP Data









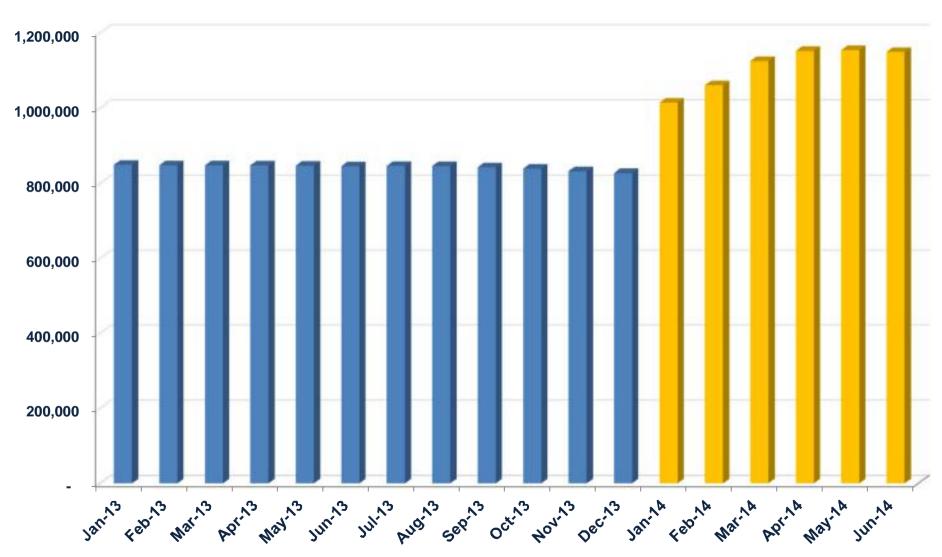


OHP Data: Hospital Admissions/Discharges

Primary Payor	2012 - 2013 Quarterly Average			2014		Difference			
				Q1					
	Discharges	Avg. Charge	Total Charges	Discharges	Avg. Charge	Total Charges	Discharges	Avg. Charge	Total Charges
Medicare	65,449	\$33,194.48	\$2,168,607,421.42	62,115	\$37,733.75	\$2,343,831,658.37	-5.1%	13.7%	8.1%
Self Pay	8,523	\$21,103.58	\$180,307,809.81	5,090	\$21,417.45	\$109,014,815.41	-40.3%	1.5%	-39.5%
Other	2,921	\$36,813.09	\$107,574,399.32	2,910	\$40,920.95	\$119,079,975.58	-0.4%	11.2%	10.7%
Pending Insurance	587	\$30,000.48	\$18,525,894.70	462	\$21,673.32	\$10,013,071.71	-21.3%	-27.8%	-46.0%
Medicaid	31,777	\$22,887.10	\$725,253,010.46	36,625	\$27,432.01	\$1,004,697,536.76	15.3%	19.9%	38.5%
Commercial	40,358	\$26,913.03	\$1,084,571,323.63	37,748	\$30,318.96	\$1,144,480,177.50	-6.5%	12.7%	5.5%
Charity	2,742	\$33,179.12	\$91,000,457.09	607	\$45,823.27	\$27,814,723.57	-77.9%	38.1%	-69.4%
Total	152,284	\$28,761.87	\$4,373,524,579.59	145,557	\$32,694.63	\$4,758,931,958.90	-4.4%	13.7%	8.8%

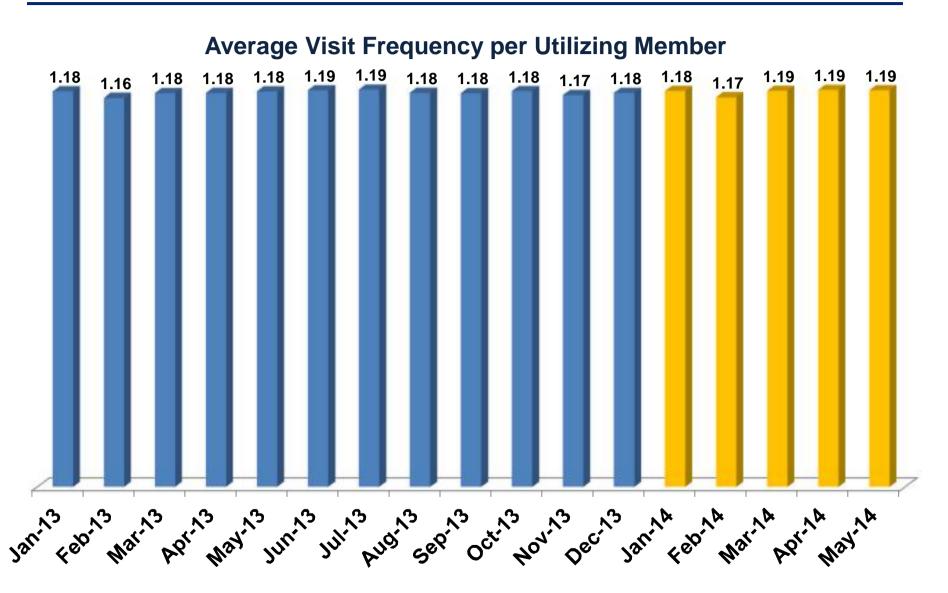


Enrollment



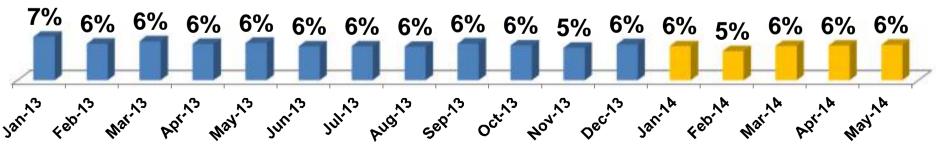






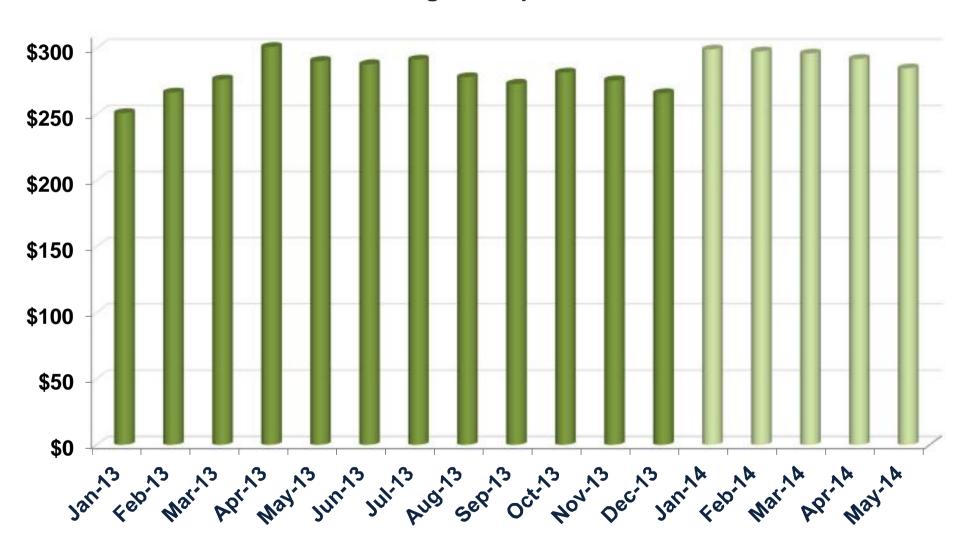


Percent of Medicaid Members Utilizing ER Per Month



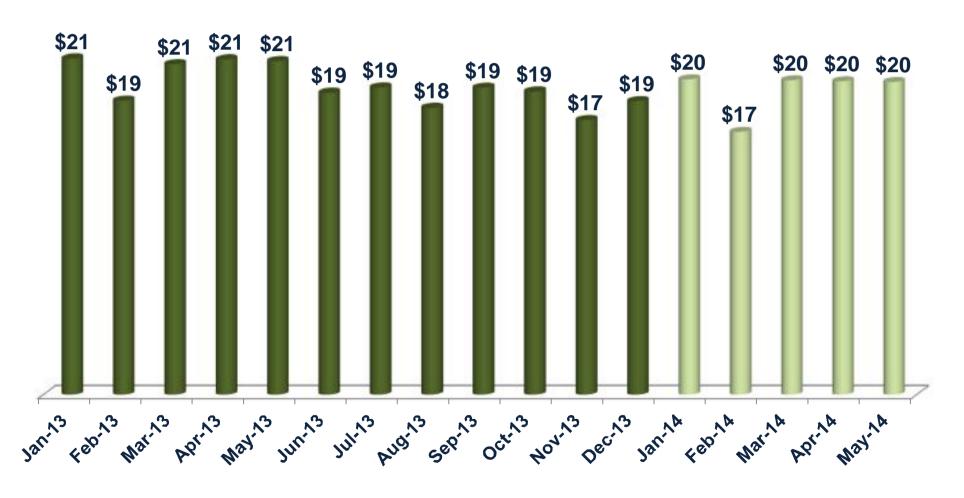


Average Cost per Visit





PMPM Cost







Emergency Room Frequency Distribution by Age CY2013 and Year To date 2014



Tier Definitions



* Tier | are Emergency room Claims Billed with Procedure Code 99281, indicating the lowest Emergency Room level

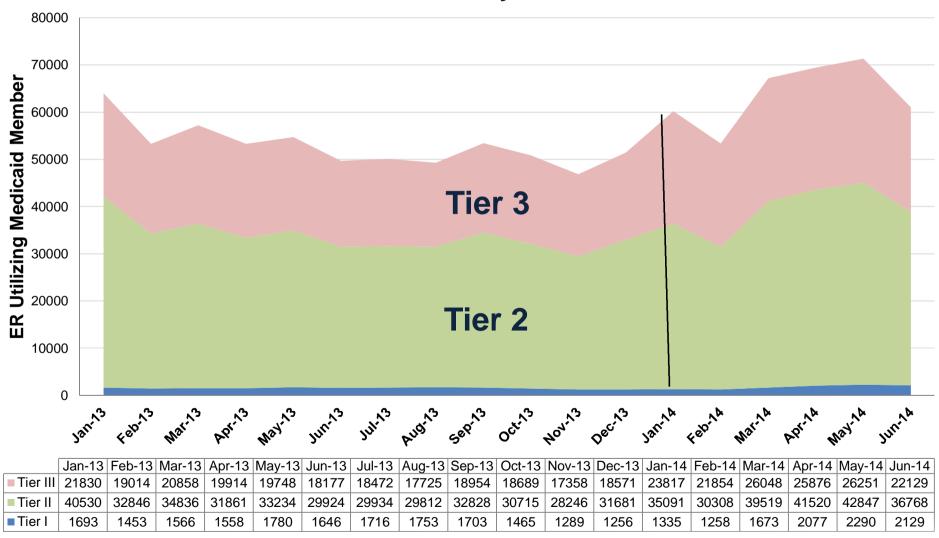
** Tier II are Emergency Room Claims Billed with Procedure Codes 99282, 99283, indicating a Mid Level Emergency Room Visit

*** Tier III are Emergency Room Claims Billed with Procedure Codes 99284, 99285, 99291, 99292, indicating the Highest Level Emergency Room Visit



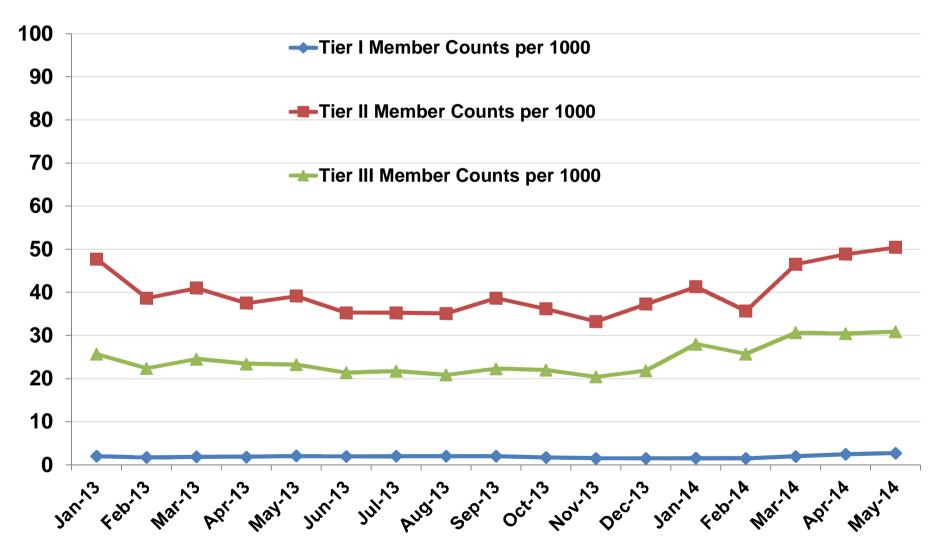
Tier Distribution of Medicaid Members Utilizing ER

Emergency Room Utilization by Tier Dates of Service January 2013 - June 2014





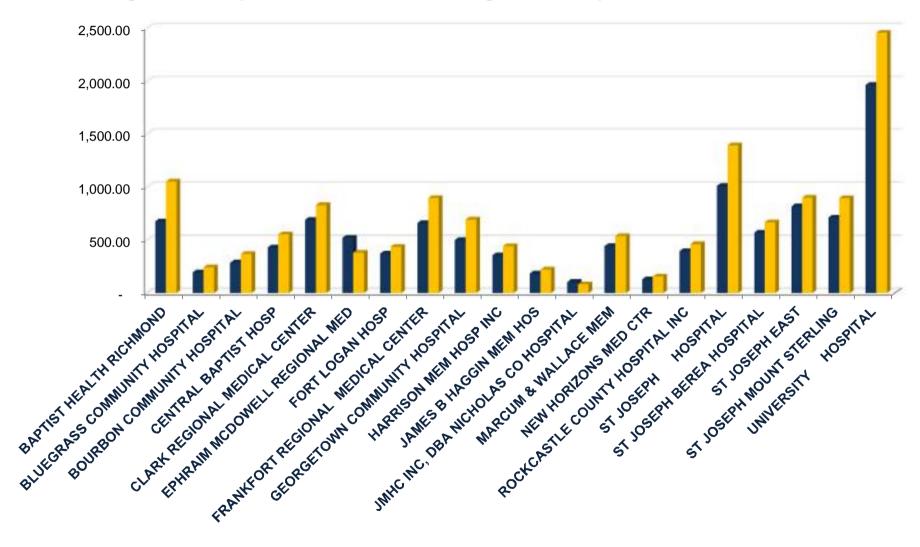
Medicaid Members Utilizing Per Tier





Average ER Visits: Region 5 Facilities

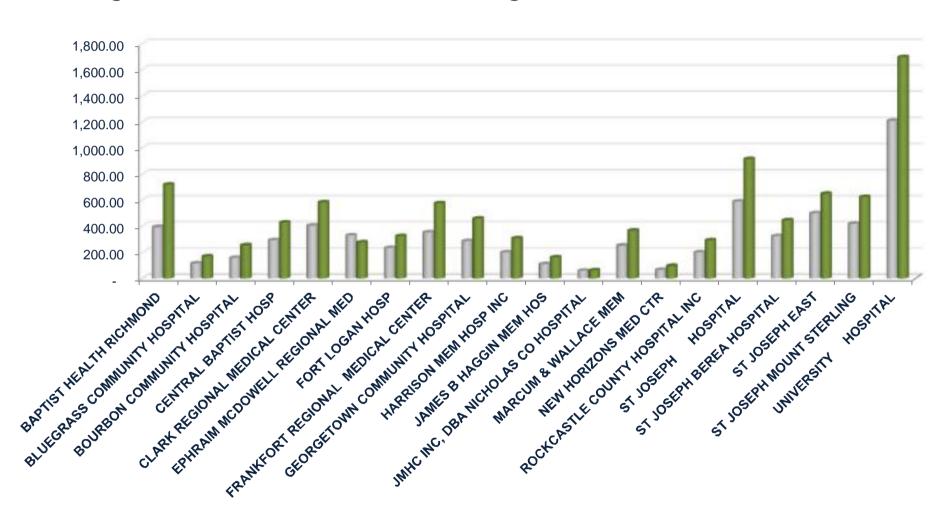
■ Average ER Visits per Month CY2013 ■ Average ER Visits per Month Year to Date CY2014



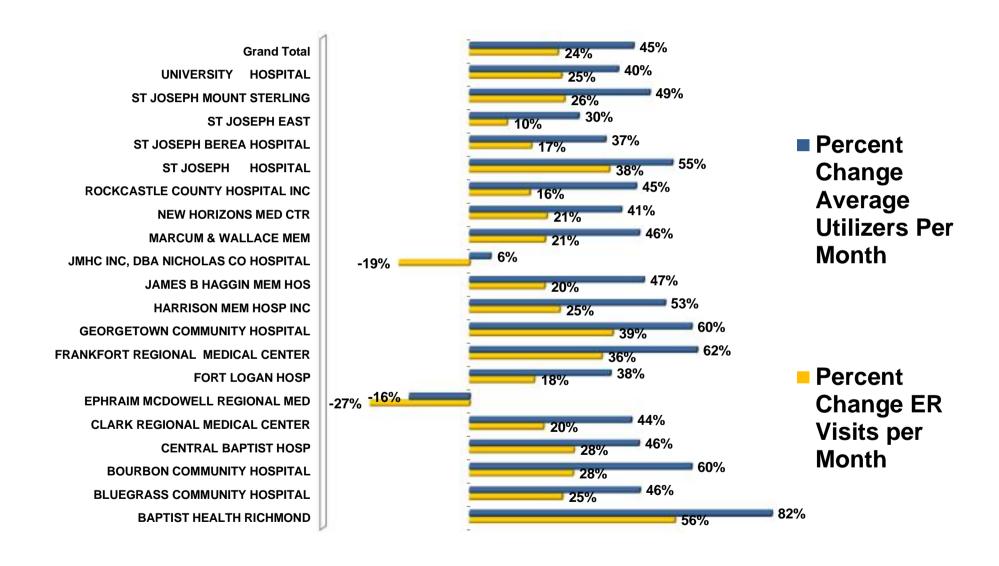


Average ER Visits: Region 5 Facilities

■ Average Utilizers Per Month CY2013 ■ Average Utilizers Per Month Year to Date CY2014

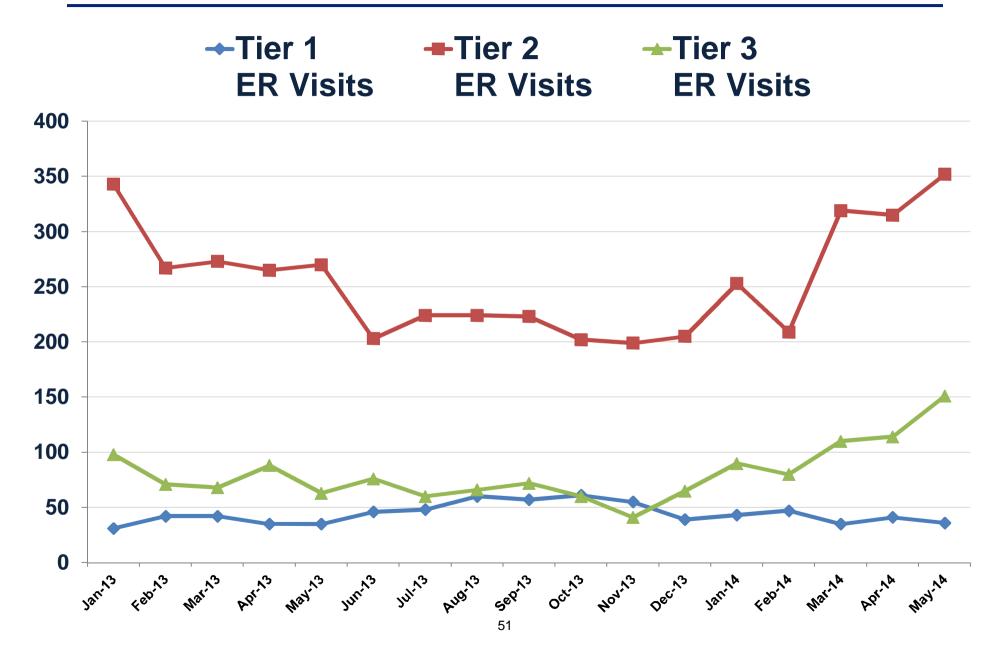


Average ER Visit Variance: Region 5 Facilities Kentucky



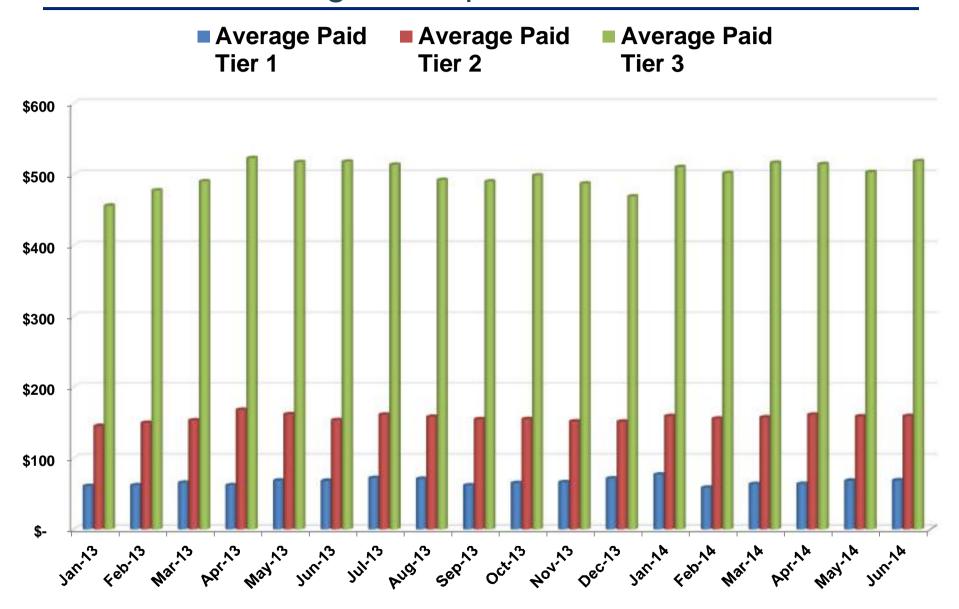






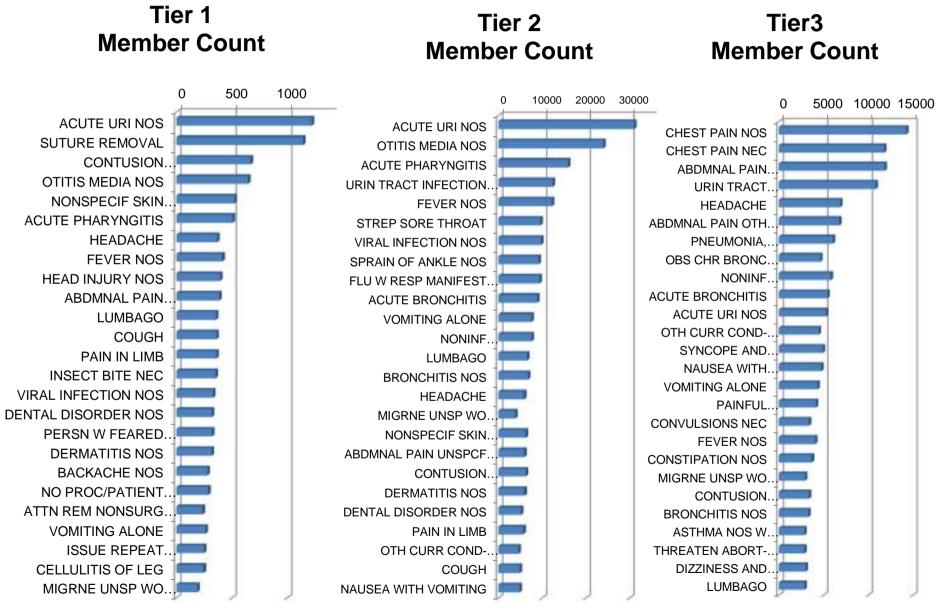


ER Visits: Average Cost per Tier





ER Visits: Top Diagnoses By Tier







Partnering to Improve Health Outcomes

Update September 2014





Cabinet for Health and Family Services





Health Data Exchange



Medicaid

Patient Demographics

LABs

RADs

Immunizations

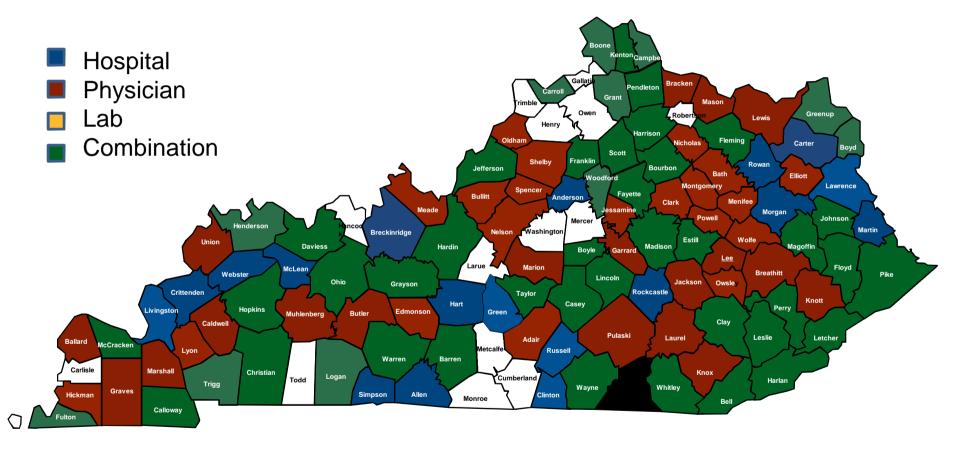
Summary of Care





988 LIVE Connections

Updated 09/01/2014



Others:

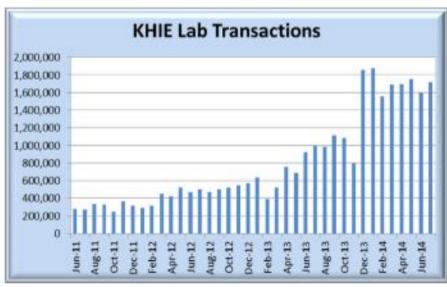
- •Kentucky Immunization Registry
- •State Lab (Microbiology) (Franklin)
- •Grundy, VA
- •Hamilton, OH
- Indiana
- •Pennyroyal Behavioral Health Ctrs

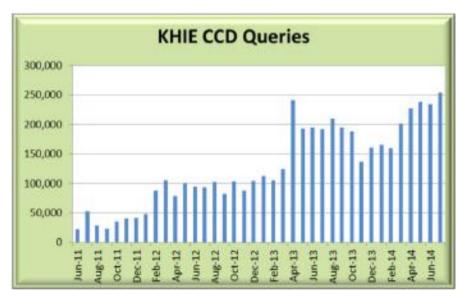


Progress











Health Information Exchange: Use Cases

Patient portal/

Personal health record

HIE Use Cases	Data Intermediary & Delivery	Public Health Reporting/MU	
	Care Coordination & Transitions	Health Home Integrated Health Model	
	Event Notification/Alerts	KY ER Smart	
	Clinical Reminders	KY ER Smart Correctional Facility Care	
	Disaster/Emergency Management	Public Health Emergency Operations	

Patient/Consumer

Engagement



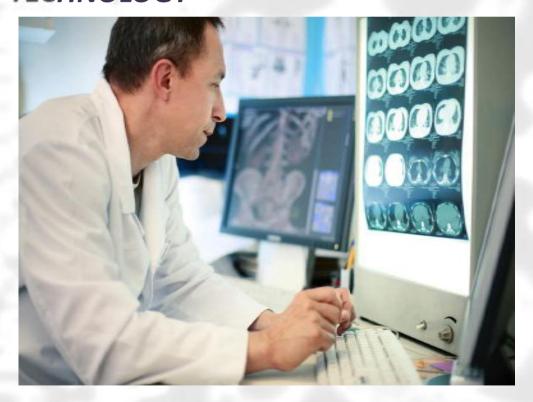
KY ER SMART: Gamechangers 2014



DATA



TECHNOLOGY





How KHIE Can Help: Clinical Reminders/Alerts



Provider views the CCD in the KHIE Community Record



Super-Utilizer Patients are identified via Medicaid claims and Alert presents in CCD

Clinical Alert Notification

Diabetes: no eye exam in the last 365 days

Diabetes: no lipid panel in the last 365 days

Diabetes: no urine protein screening in the

last 365 days

Diabetes HgA1C check due

Blood pressure check due

Cholesterol screening due IF 'At Risk'

Developmental/Behavioral assessment due

Height and weight check due

Injury prevention counseling due

Nutrition counseling due

Objective hearing screening due

Objective vision screening due

Potential Hep B catch-up

Potential MMR catch-up

Potential polio catch-up

Potential varicella catch-up

Tuberculin Test (TB test) due IF 'At Risk'

Violence prevention counseling due



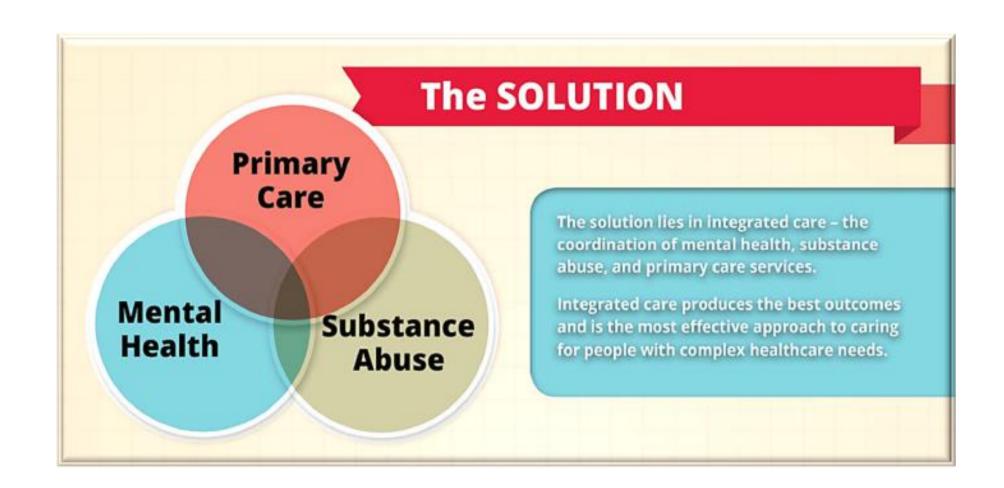
Improving Care Coordination: How KHIE Can Help

A team of care providers can receive secure alerts & messaging via KHIE regarding "super utilizer" activity





Integrated Health Model





Correctional Facilities

Including Detention Centers in the HIE can vastly improve community health

Division of Community Corrections Lexington-Fayette Urban County Government

24,000 people annually Every day:

- 865 people on medication
- 90 inmates seen by mental health doctors
- 194 inmates seen by nurses

The facility can now push its data onto the exchange allowing all treatments that inmates receive and medications they take be accessed by doctors in the community should he or she seek treatment upon release. The facility is also working on receiving data.





Real World Use Case: Emergency/Disaster Operations

During Large Scale Disasters

KHIE can be queried from shelter locations to provide medical information including diagnosis and medications



During Emergency Situations

KHIE can be used during a patient's transition of care to provide a medical history including treating physicians, diagnosis and medications

It is important all hospitals and providers have personnel trained in the use of the KHIE CCD or the Community Portal so that these resources are available in the event of an emergency

This includes being credentialed to use the system (user name and password)









No caption needed......



Patient Engagement: KHIE Patient Portal

myhealthnow easy online health records



myhealthnow is a tool that lets you see your health information over the internet. You can see your office visit records, review your lab results, and even update your personal information. It is completely safe so you can be certain that your private information is protected. We hope this new tool will help you take an active role in your healthcare.

Are you a new NoMoreClipboard user? To create a new account, please complete the form below.

user name;	1/
peaword ①	
	password strength
rotype password	
omail address	
	No email address? Click here in create a fee arruil account.
	agree to the terms and conditions
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	an existing Clipboard user?
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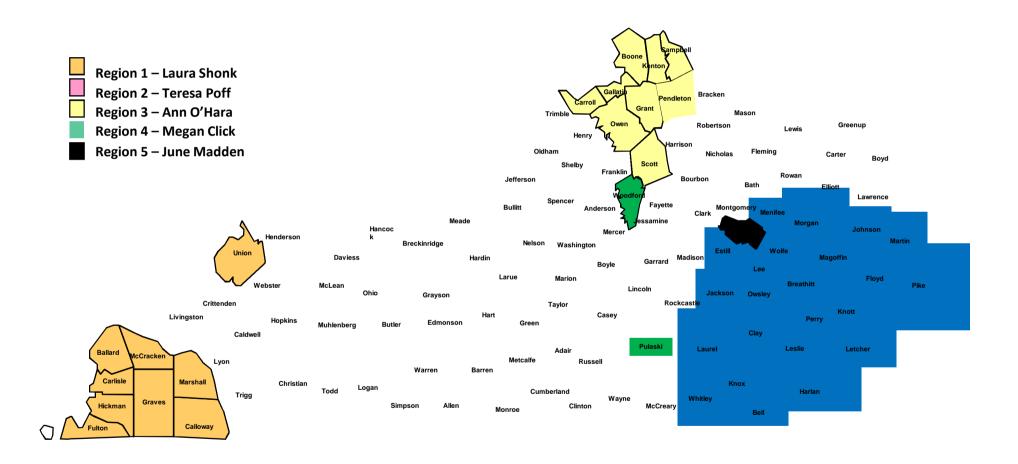
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KHIE Outreach Coordinator Coverage Regions





Visit Us

http://khie.ky.gov

CONNECT WITH KHIE

INCENTIVES *

TECHNOLOGY ▼

NEWS AND RESOURCES

FAQS

ABOUT KHIE





EHR Incentive Program

Eligible providers and hospitals may qualify for monetary incentives.

Learn More



Technology

Learn more about technology associated with KHIE and the KHIE Community Portal.

Learn More



News and Resources

Read recent press releases, view a provider map and more.

Learn More

Governor Steve Beshear issued an Executive Order in August 2009, establishing the Governor's Office of Electronic Health Information in the Cabinet for Health and Family Services to oversee the advancement of health information exchange in Kentucky. Read more about the history of the Kentucky Health Information Exchange.

Connected Providers



Select a county from the map to find out who is connected.

Contact Us

Are you a healthcare provider, hospital or other organization ready to connect to KHIE? Do you have questions, comments or need more information about the program? Fill out this form to contact KHIE.

About and Resources

About KHIE
Contact Us
News
Glossary of Terms
KHIE Participant Map

Policies

Accessibility Disclaimer Privacy Security © Copyright Commonwealth of Kentucky 2011



Innovations in Oral Health: Recent Kentucky Efforts

Past, Present and Future







Our Objectives: To Discuss

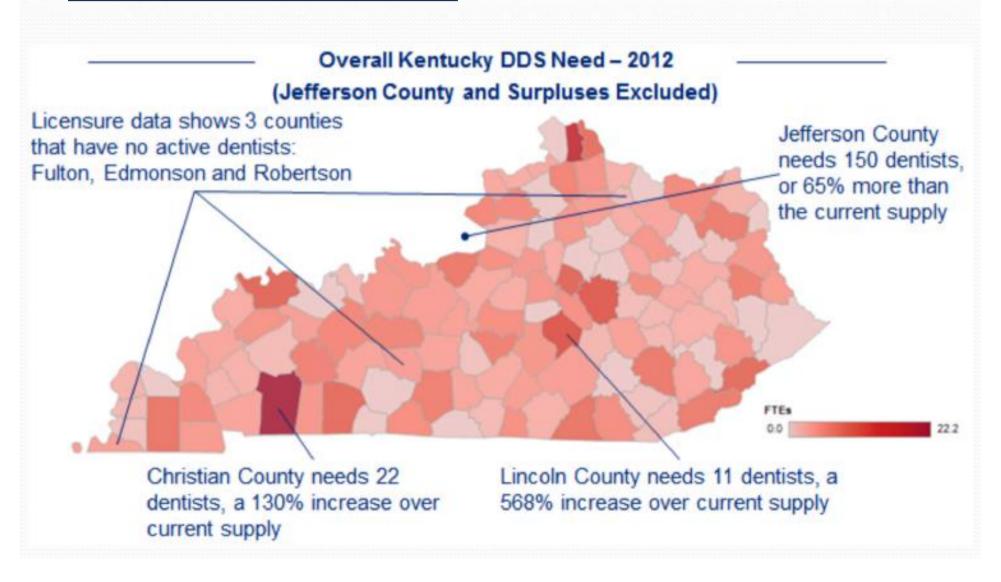
- Access to Care in Kentucky
 - What's going on
 - What's not going on
- The Public Health Registered Dental Hygienist
 - What they do
 - What they don't do
- The Community Healthcare worker
 - Public Health Dental Hygienist as CHW, Navigator
 - What they can do
 - What they can't do
 - Oral Component of the Community Healthcare Worker
 - General
 - Special
- Teledentistry in Kentucky
 - What it can't do
 - What it could do

Access in Kentucky

- Do we not have enough dentists?
 - Deloitte Report reveals need of dentists in many areas of the state

- Need vs. Want
- Cultural Problem in Kentucky

Deloitte Report:



Access and Utilization:

Access

Utilization

Facts

- Over 300,000 children do not regularly see a dentist.
- Kentucky ranks very low in the number of adults that see a dentist (44th of 50 states).

Public Health Registered Dental Hygienist:

- Part of the Revised Dental Practice Act of 2010
- Addresses both Access and Utilization
- Access Potentially Increased
 - Located in underserved sites.
 - Provide only preventive services.
- Utilization Potentially Increased
 - Only 46% of children insured by Medicaid received any care.
 - Only 40% of children insured by Medicaid received any preventive care.

Public Health Hygiene Program:

- Local Health Department-Based for now
- "Socks, then Shoes"
- Services under narrow protocols
 - Adopted by the local Board of Health
 - Limited to Primary Preventive Services
 - ASA Classification I and II limitations
 - Covered by Medicaid via "Preventive Package"

Public Health Registered Dental Hygiene Program:

- Three health departments already have programs:
 - Barren River District
 - Madison County District
 - Northern Kentucky District
- Five were funded through the GA14 budget
 - Award announcement to be released soon.
 - Sites are geographically and economically diverse.

Public Health Hygienist: What they can do

- Primary Preventive Services
 - Oral Assessment
 - Age-Appropriate Prophylaxis (Cleaning)
 - Dental Sealant Placement
 - Fluoride Varnish Application
 - Oral Hygiene Instruction
 - Counseling in Nutrition and Tobacco Use

Public Health Hygienist: What they can't do

- Dental Treatment
 - Fillings
 - Even temporary ones
 - Extractions
 - Even loose baby teeth
- Patients with more fragile health conditions
 - Nursing Home Residents

Public Health Hygienist: What they must do

- Refer each patient to a dental home
 - The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.

Public Health Hygienist: What they must do

- Refer each patient to a dental home
- General Referral
 - Local Dentists
- Specific Referral: Urgent Care Needed
 - Hygienist becomes a Patient Navigator
 - Works directly with family for urgent care needs
 - Records this effort

Community Healthcare Work Outreach Oral Health Applications:

- Public Health Registered Dental Hygienist
 - Patient Navigator
 - Community Healthcare Worker for assigned population
 - Trained appropriately for effectiveness
- Community Healthcare Worker for general population
 - Works in all aspects of provision of healthcare
 - Trained appropriately for effectiveness

Community Healthcare Work Outreach Oral Health Applications:

General Populations

- Appropriate Training for improving access to and utilizations of dental care in the appropriate setting
- Training through dental modules of CHW certification training

Special Populations

- More training to address healthcare needs and navigation of special populations
 - Special Needs Patients
 - Oral Surgery Potential
 - Medical/Dental Collaboration for fragile health persons
- Additional training through dental modules above basic CHW certification

Community Healthcare Worker:

- This is a work in progress...
 - This merely showed the commonality between the public health dental hygiene program and other current and future CHW activity in the state

Teledentistry in Kentucky An Idea Whose Time Has Come?

- Current Situations
 - Not Much

- Future Situations
 - So Much More

Teledentistry in Kentucky: What it Can't Do

• Fill teeth

Extract Teeth

Be Considered the "Dental Home"

Teledentistry in Kentucky: What it Can Do

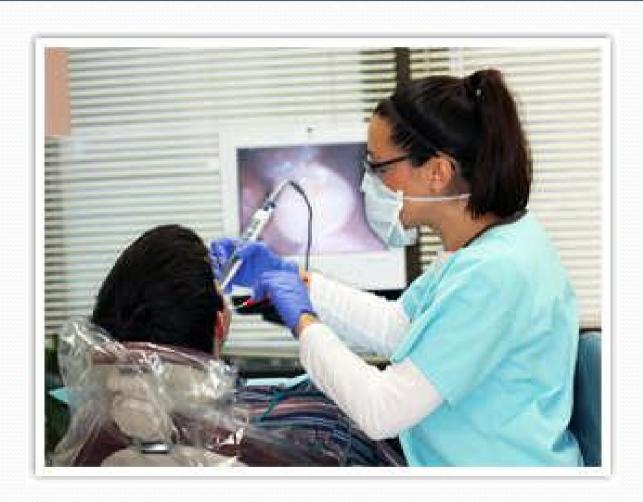
- Increase access to underserved populations
 - Schools
 - Residential Facilities
 - Correctional Facilities
 - Remotely located people and communities
- Provide Preventive Care
- Provide Interim Care
- Strengthen the establishment of the "Dental Home"

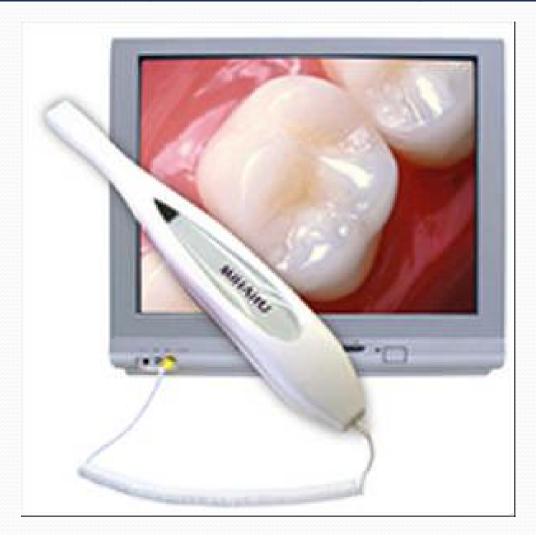
Teledentistry: What It Will Do

- Increase Access
 - Sooner
- Less Care to Reach Optimal Oral Health
 - Less Cost
 - Patient Engagement and Satisfaction
- Payor Source
 - Private
 - Public

Teledentistry: What It Will Do

- Increase Utilization
 - Patient Navigation through CHW or PH RDH
 - Treatment starts more quickly
 - Primary diagnostics and Preventive completed prior to Dentist Visit
- Saves time
 - Reduces duplicative services
- Establishment of a continuous dental home







• Changes in the Law?

- Changes in Reimbursement Policies
 - Public
 - Private

- Changes in Provider Opinion
 - Virtual Examination
 - Same as in-person Examination
- Changes in Patient/Parent Opinion
 - Begins entry into the dental care system
- Moves Patient into care
 - Faster
 - More Appropriately

Innovations in Oral Health: Recent Kentucky Efforts

• Questions?

Julie Watts McKee, DMD
State Dental Director

JulieW.McKee@ky.gov

Telehealth in Kentucky

Enhancing Community Healthcare Workforce Capacity

Kentucky Medicaid Managed Care Forum Series



Tim Bickel, UL
Steve Fricker, Baptist Health, Madisonville
Mary Horsley, St. Claire Regional Medical Center
Rob Sprang, UK

Objectives

- What is different in a reformed Healthcare system?
- What is the problem today?
- A common scenario Mr. Doe's wild ride
- What is telehealth?
- Brief history of telehealth in Kentucky
- Telehealth's impact on Mr. Doe's wild ride
- The role of telehealth in a reformed healthcare system



What is different in a reformed healthcare system?

- Focus on the "Triple Aim"
 - Emphasize the patient experience/patient satisfaction
 - Emphasize population health
 - Reduce per-capita cost of healthcare
- Move from "sick care" to "health care"
- The payment system for health services
 - Providers share the financial risk and reward
 - Incentives to deliver outstanding care at lower costs
 - Penalties for poor care at high costs (readmissions)
 - Payment is tied to quality metrics

Healthcare problems in KY

 Kentucky's national health rankings from americashealthrankings.org

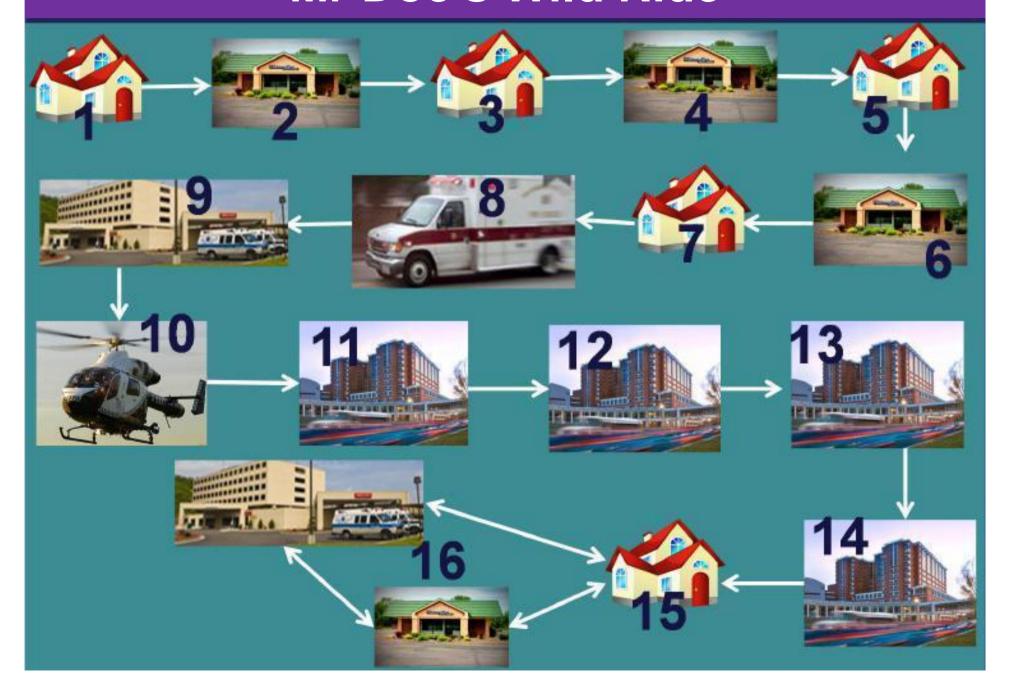
 Adult smoking rate 	50
 Obesity 	42
 Low birth weight 	43
 Preventable Hospitalizations (Medicare) 	49
 Poor mental Health days 	49
 Poor physical health days 	50
 Cardiovascular deaths 	43
 Cancer deaths 	50
 Premature death 	45
 Overall rank 	45

"Insanity is doing the same thing over and over again but expecting different results"

Rita Mae Brown from her book "Sudden Death" (1983)

A common scenario

Mr Doe's Wild Ride



What is Telehealth?

http://vimeo.com/41772681

Define Telehealth

Using technology to:

Get the right care

To the right people



At the right time

In the right place



History of Telehealth in Kentucky

- 1995 Telehealth is launched at UK. No reimbursement for clinical encounters
- 1998/2001 Medicare legislation
- 2000 Kentucky TeleHealth Legislation
 - Funded statewide expansion to the west
 - Mandated Medicaid/Commercial reimbursement
 - Created Board of Directors
 - Created 4 Telehealth Training Centers
- 2004 <u>www.kytelehealth.net</u> on-line schedule
- 2013 Medicaid reg expanded services and locations
- Today 250+ network sites, national recognition, 65,000+ encounters, hospitals, clinics, school clinics, mental health, CCSHCN, KYDPH, state/federal prison system, large industry...

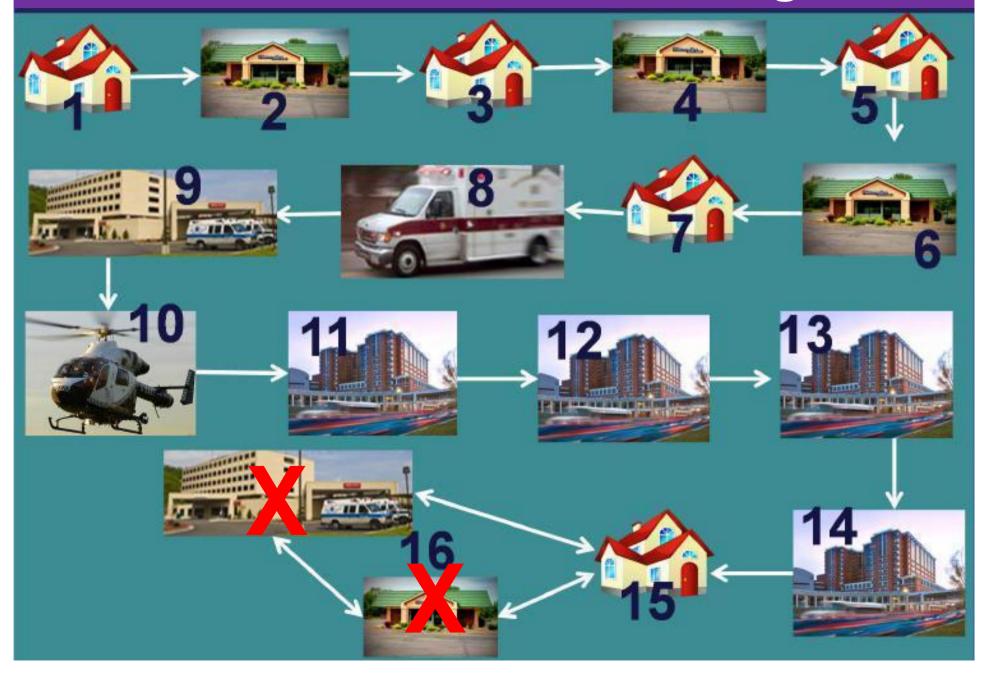
Kentucky TeleHealth Network Approved Members



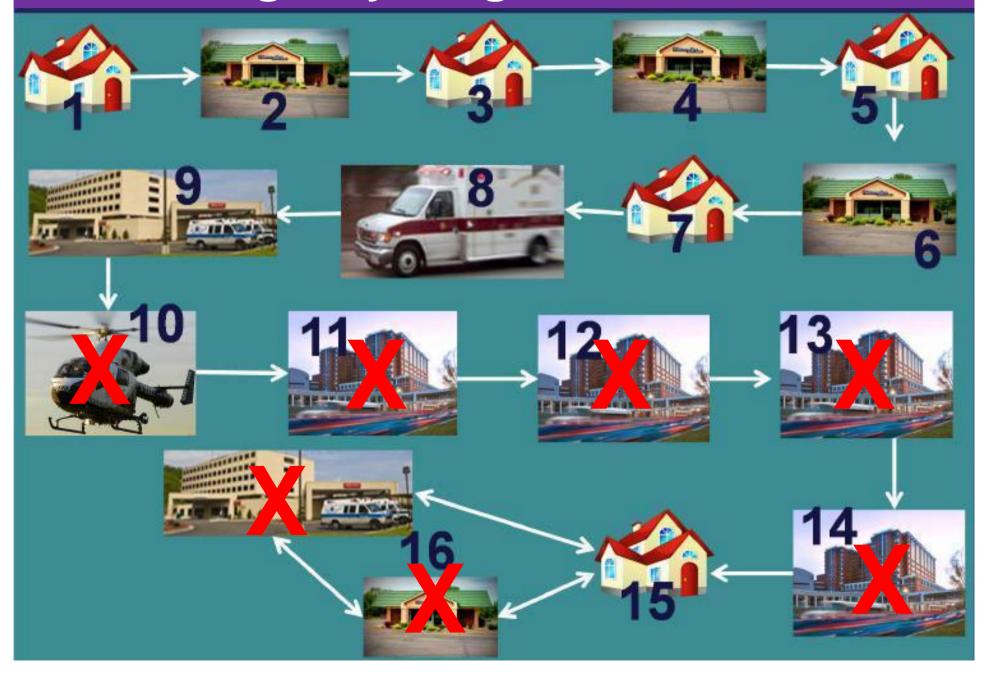
Kentucky TeleHealth Board Cabinet for Health & Family Services 275 East Main Street - 4WE Frankfort, KY 40621 January 2012

Telehealth's impact on Mr. Doe's wild ride

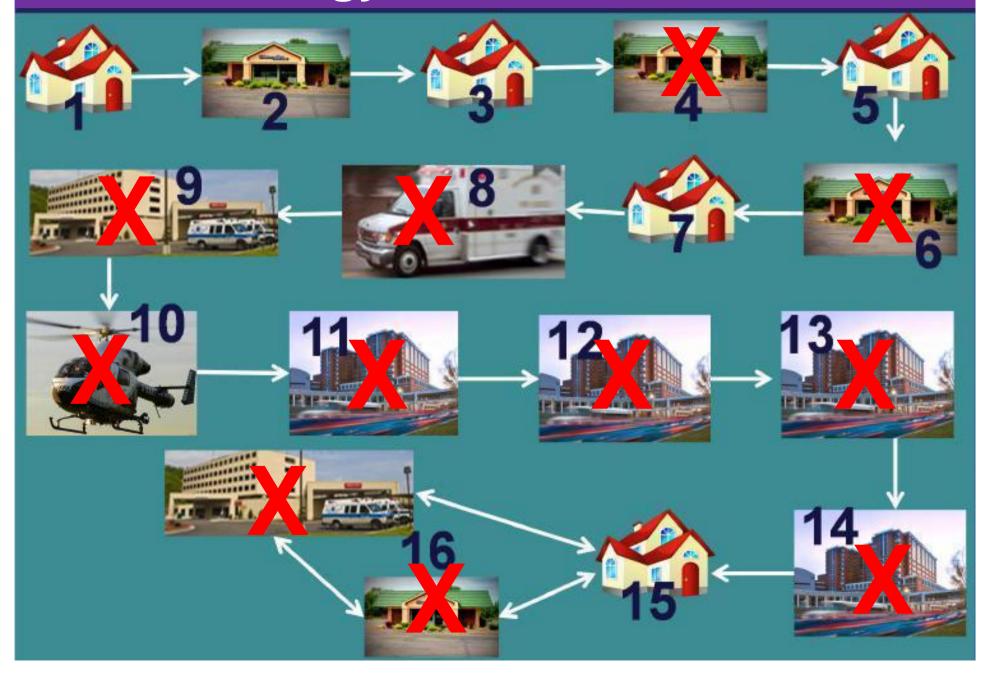
Remote Patient Monitoring



Emergency triage via telehealth



TeleCardiology Consult from PCP office



Role of telehealth in a reformed healthcare system – Aligning with Triple Aim

- Improving the patient experience, including quality and satisfaction – Right care/right people/right time/right place
- Improving the health of populations Extend care to more patients, resulting in healthier populations
- Reducing the per capita cost of care Managing chronic disease, reducing acute events and helping patients remain OUT of the emergency room and hospital

Kentucky TeleHealth Network Resource Centers

University of Kentucky - Rob Sprang rsprang@uky.edu 859-257-6404

University of Louisville – Tim Bickel tmbick01@louisville.edu 502-562-5775

St. Claire Regional Medical Center, Morehead – Mary Horsley mahorsley@st-claire.org 606-783-6476

Baptist Health System, Madisonville – Steve Fricker steve.fricker@bhsi.com 270-824-3538





